Andrew M. Cuomo
Governor

Brian Lawlor
Chairperson

New York State Housing Trust Fund Corporation
Hampton Plaza
38-40 State Street
Albany, NY 12207

PARTICIPANT OBLIGATIONS

True and Complete Information
I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and personal declaration form and certify that the information shown is true and correct.

Reporting Decreases in Income or Household Composition
I know I am required to report in writing any *decreases* in income and any changes in household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance
I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance
I certify that the house or apartment will be my only residence and that I will not obtain duplicate housing assistance while I am in this program. I will not live anywhere else without notifying management office immediately in writing. I will not sublease my assisted residence.

Cooperation
I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes, attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information
I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature and Date of Household Adults

1)_____
Signature of Head of Household Date

2)_____
Signature of Spouse (Co-Head) Date

3)_____
Other Adult Date